	1	ULTIPL	E DEPI	ENDEN	r clan	м	SERIAL	SERIAL NO.				FILING DATE			
	ULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							APPLICANT(S)				9/673274			
;	AL FILED		AFTER 1st AMENDMENT		CLAI AFTER 2nd AMENDMENT		AIMS	*			•				
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